

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G16000091722

Fictitious Name to be Registered: VOICES FOR FLORIDA

Mailing Address of Business: PO BOX 956
TALLAHASSEE, FL 32302

Florida County of Principal Place of Business: MULTIPLE

FEI Number: 59-1710785

FILED
Aug 24, 2016
Secretary of State

Owner(s) of Fictitious Name:

THE FLORIDA CENTER FOR CHILDREN AND YOUTH INC.
111 S MAGNOLIA DR SUITE # 4
TALLAHASSEE, FL 32302
Florida Document Number: 736581
FEI Number: 57-1710785

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

LINDA ALEXIONOK

08/24/2016

Electronic Signature(s)

Date

Certificate of Status Requested (X)

Certified Copy Requested ()